Office of Minority Health Resource Center

CHUUK State Training Manual
July 2008

An OMHRC Pacific Project

MH08D8746

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CHUUK State Training Manual – July 2008

Office of Minority Health Resource Center

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Social Marketing – Part One

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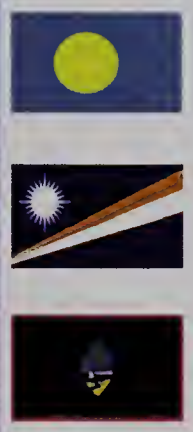

Social Marketing

A Public Health Tool

J. Tarcisio Carneiro, MPA, ED.D.
Director, Office of Minority Health Resource Center

July 10-11, 2008
Chuuk (Truk) Health Department

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Learning Objectives

AT THE END OF THIS PRESENTATION, YOU SHOULD BE ABLE TO:

- Define social marketing
- Define the four P's of social marketing
- Describe the six-step process of social marketing
- Design your own social marketing campaign

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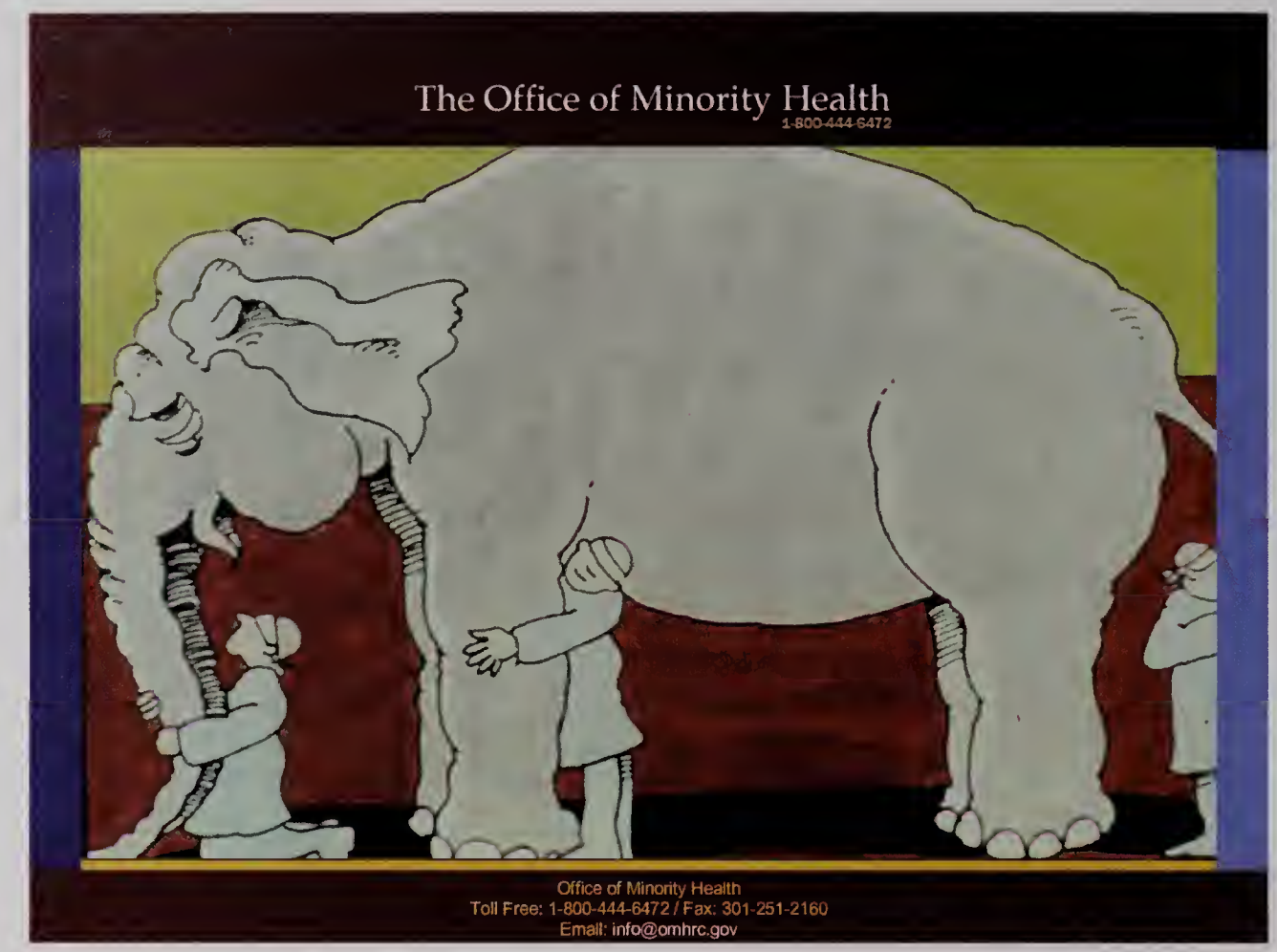
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Marketing
"Marketing is the process of planning and executing the conception, pricing, promotion, and distribution of ideas, goods, and services to create exchanges that satisfy individual and organizational objectives."
- American Marketing Association
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Social Marketing Applied to Health Programs
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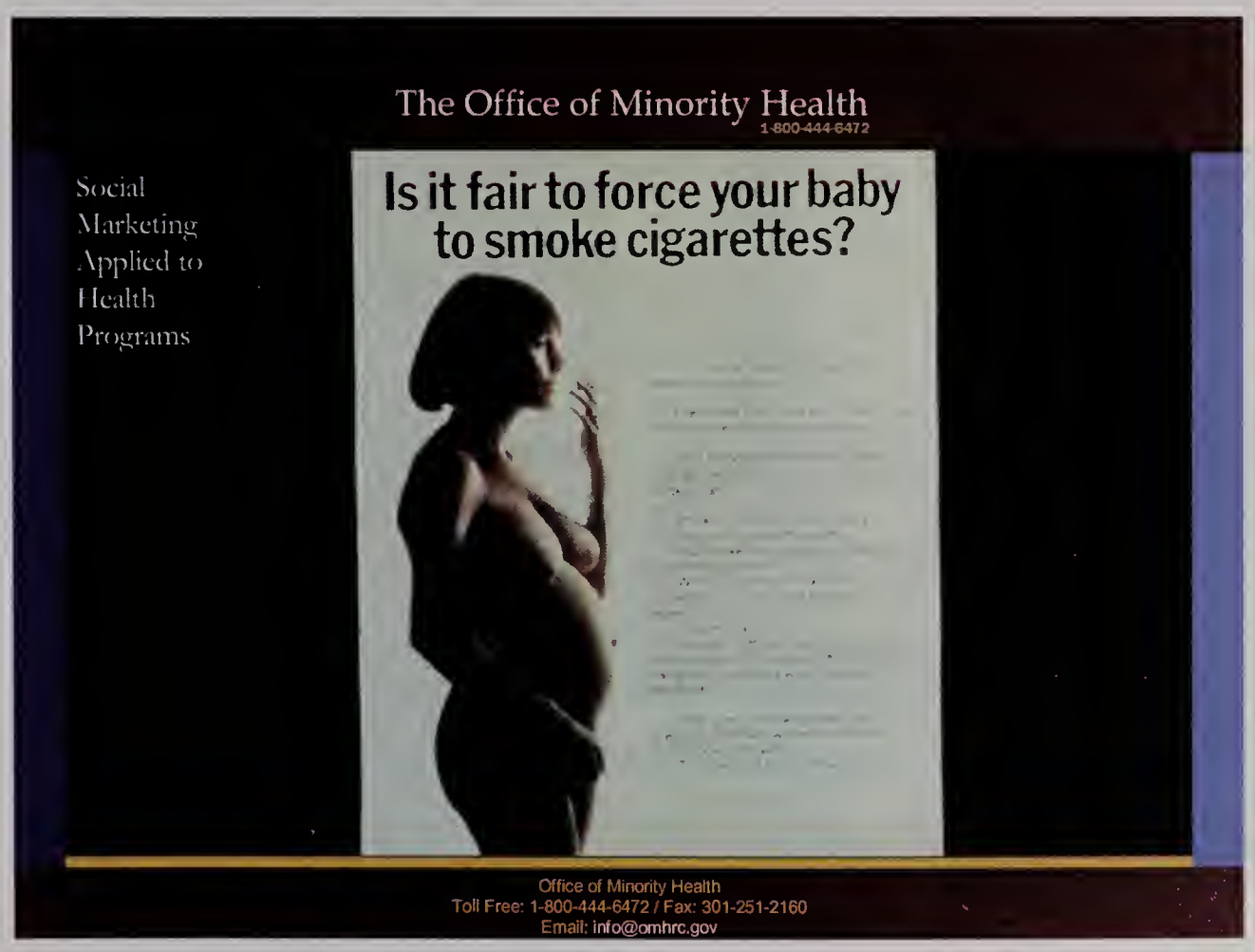
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Social Marketing Applied to Health Programs
Is it fair to force your baby to smoke cigarettes?
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SHOCKING ISN'T IT? YOU PROBABLY DO IT EVERY DAY.
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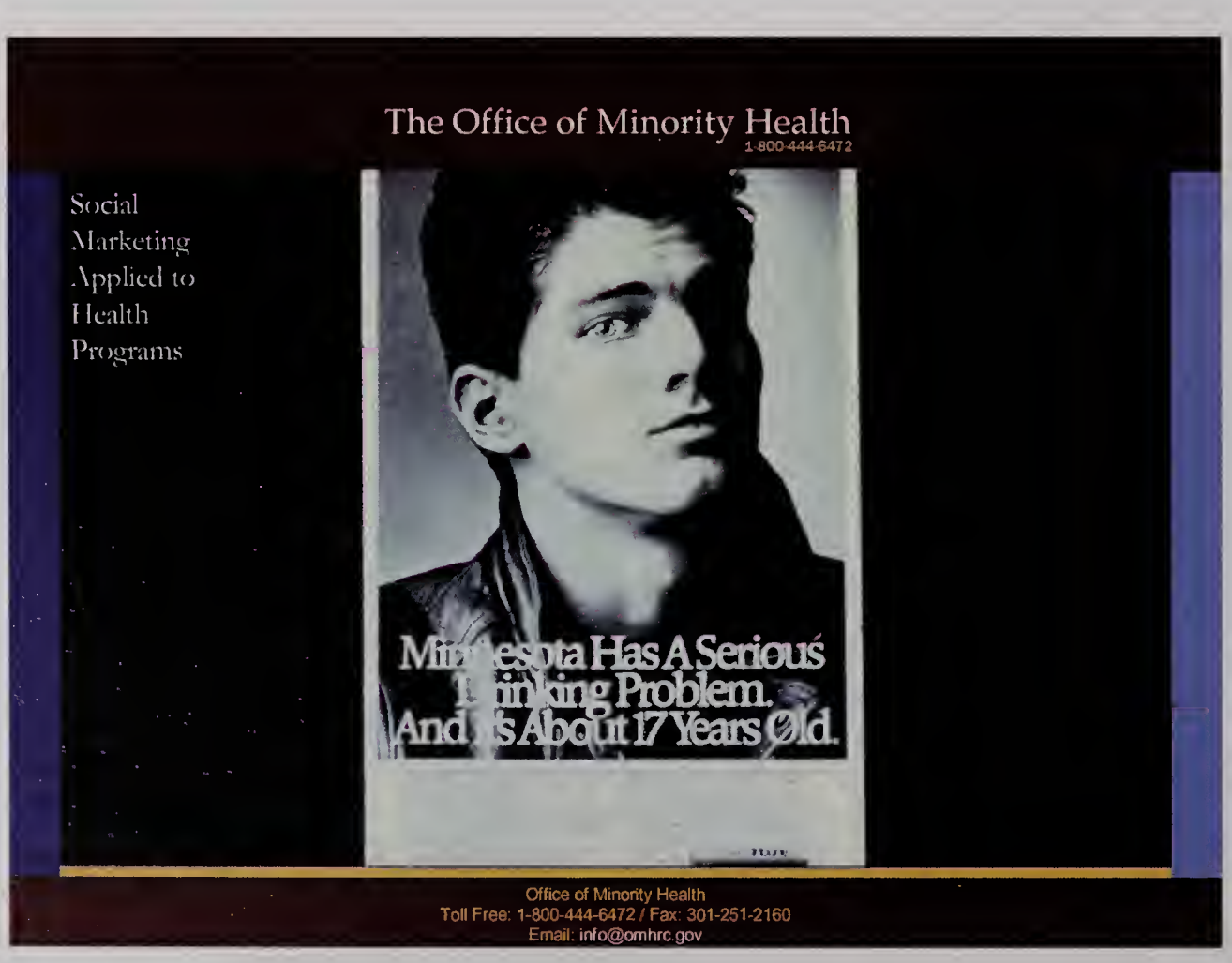
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Social Marketing Applied to Health Programs
Has A Serious
Problem.
Years Old.
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Definition of Social Marketing

"Social marketing is a process for influencing human behavior on a large scale, using marketing principles for the purpose of social benefit rather than for commercial profit"

Bill Smith, 1999
(Academy for Educational Development)

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Social Marketing

IS	IS NOT
A social/behavior change strategy	Just advertising
Oriented to activate people	A clever message
Targeted	A media blitz
Strategic	An image campaign
An "installment plan"	Done in a vacuum
	A quick process

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Social Marketing Principles

- Consumer orientation
- Emphasis on behavior change
- Principle of exchange
- Competition

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Consumer Oriented

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The 5 P's of Social Marketing

- Product
- Price
- Place
- Promotion
- Policy

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Marketing - The Four "P"s

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Social Marketing - **Product**

The desired behavior you are asking your audience to do, and the associated benefits, tangible objects and/or services that support behavior change.

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The "Product"

A tangible product involves all of the senses. You can...

...see it

...touch it

...smell it

...hear it

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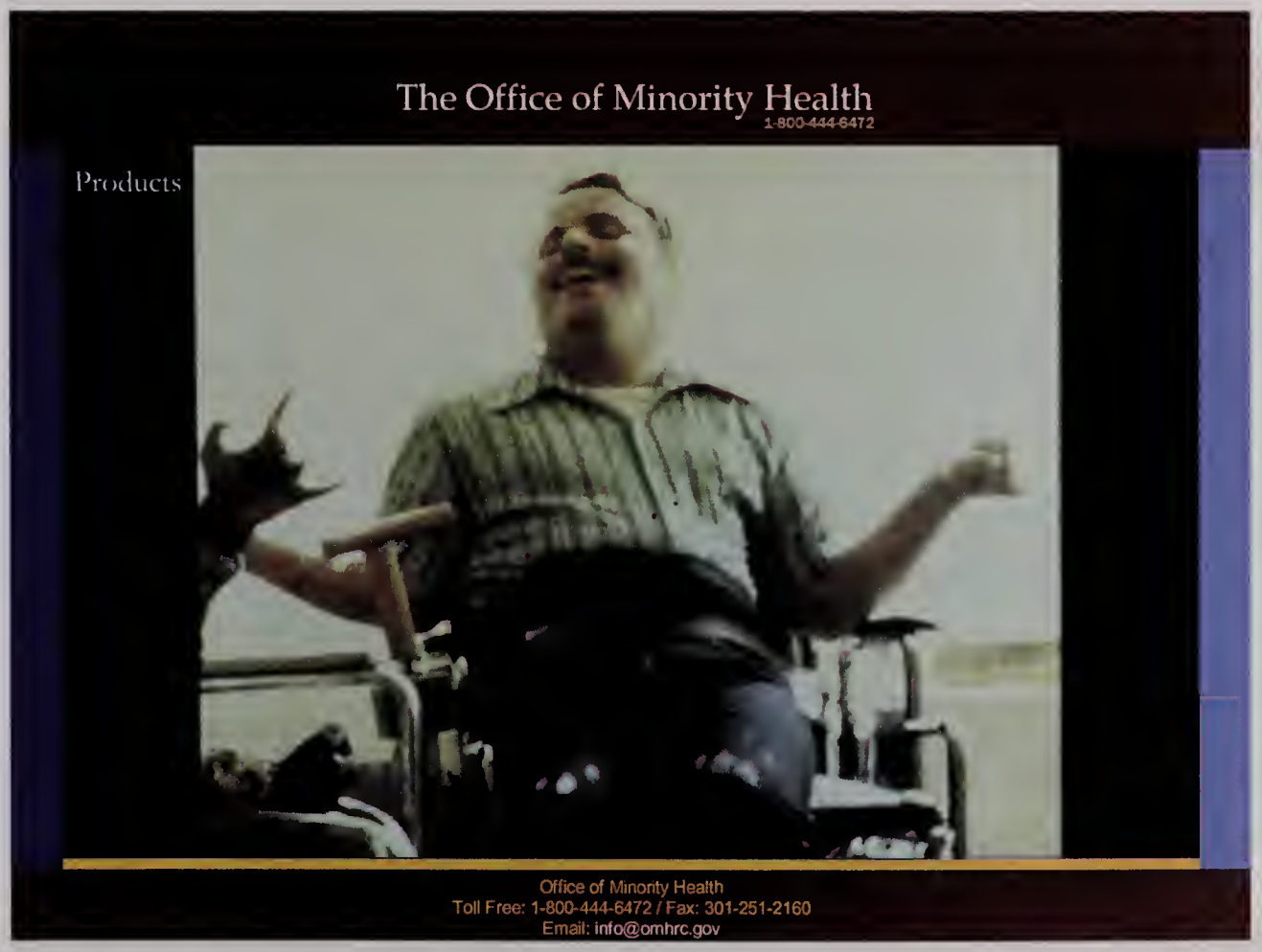

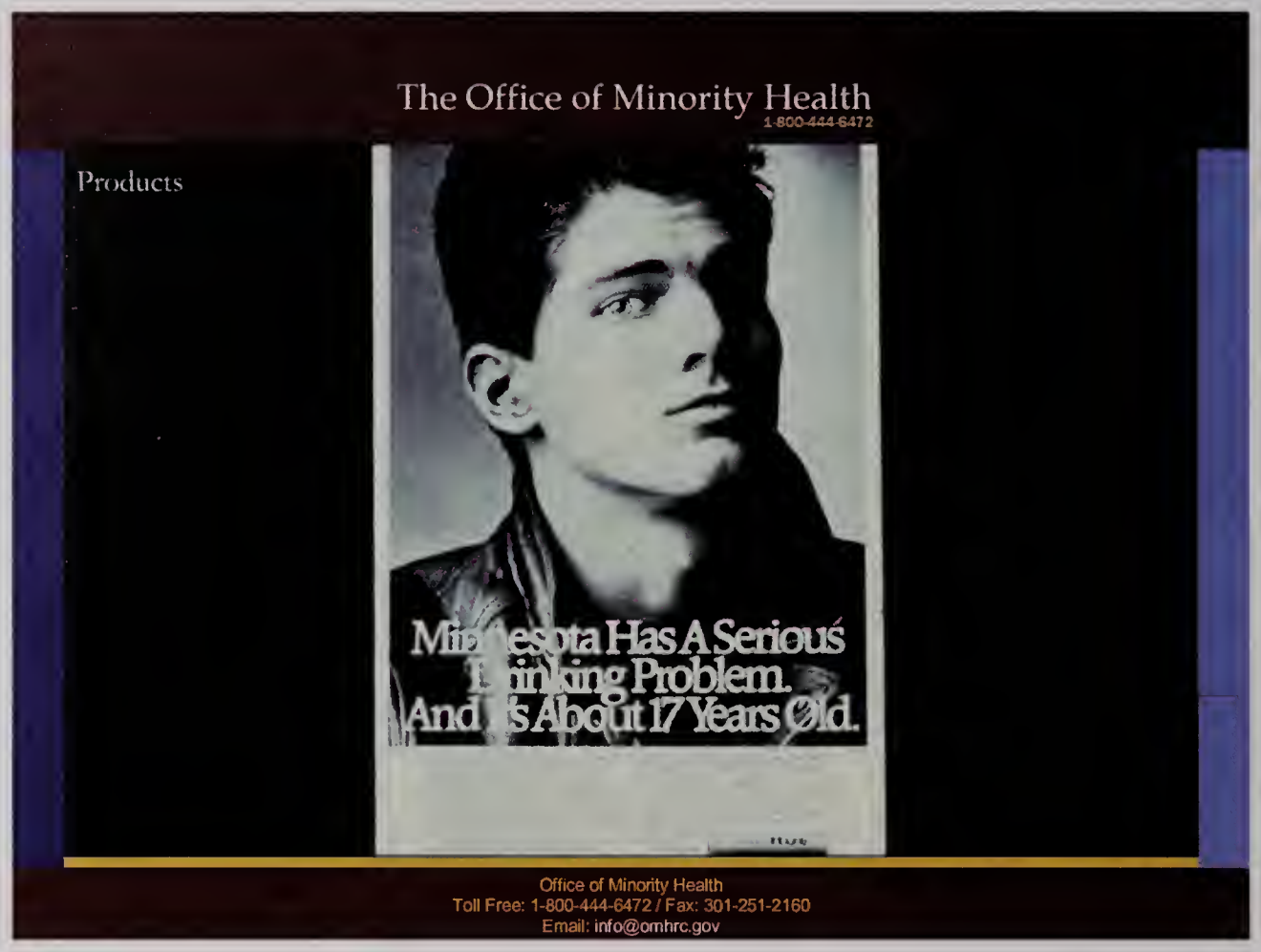
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Products
Minnesota Has A Serious
Drinking Problem.
And It's About 17 Years Old.
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Social Marketing - Price
The cost (financial, emotional, psychological or time-related) or barriers the audience faces in making the desired behavior change.
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"Price"

A monetary expenditure or an emotional "cost."

- Opportunity cost
- Status loss
- Lost time
- Fear/ anxiety, etc

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Concept of Exchange

Benefits

- Prospect of healthier/longer life
- Sense of control
- Reduced anxiety
- Consistency
- Protection of loved ones
- Achievement
- Self worth
- Replacement benefits

Safer sex
- Condoms
- Abstinence
- Monogamy

Price

- Money
- Effort
- Inconvenience
- Decreased pleasure
- Loss of intimacy
- Embarrassment
- Fear arousal
- Social disapproval

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$$\frac{\text{Benefit}}{\text{"Cost"}} = \text{Perceived Value}$$

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Social Marketing - **Place**

Where the audience will perform the desired behavior, where they will access the program, products and services or where they are thinking about your issue.

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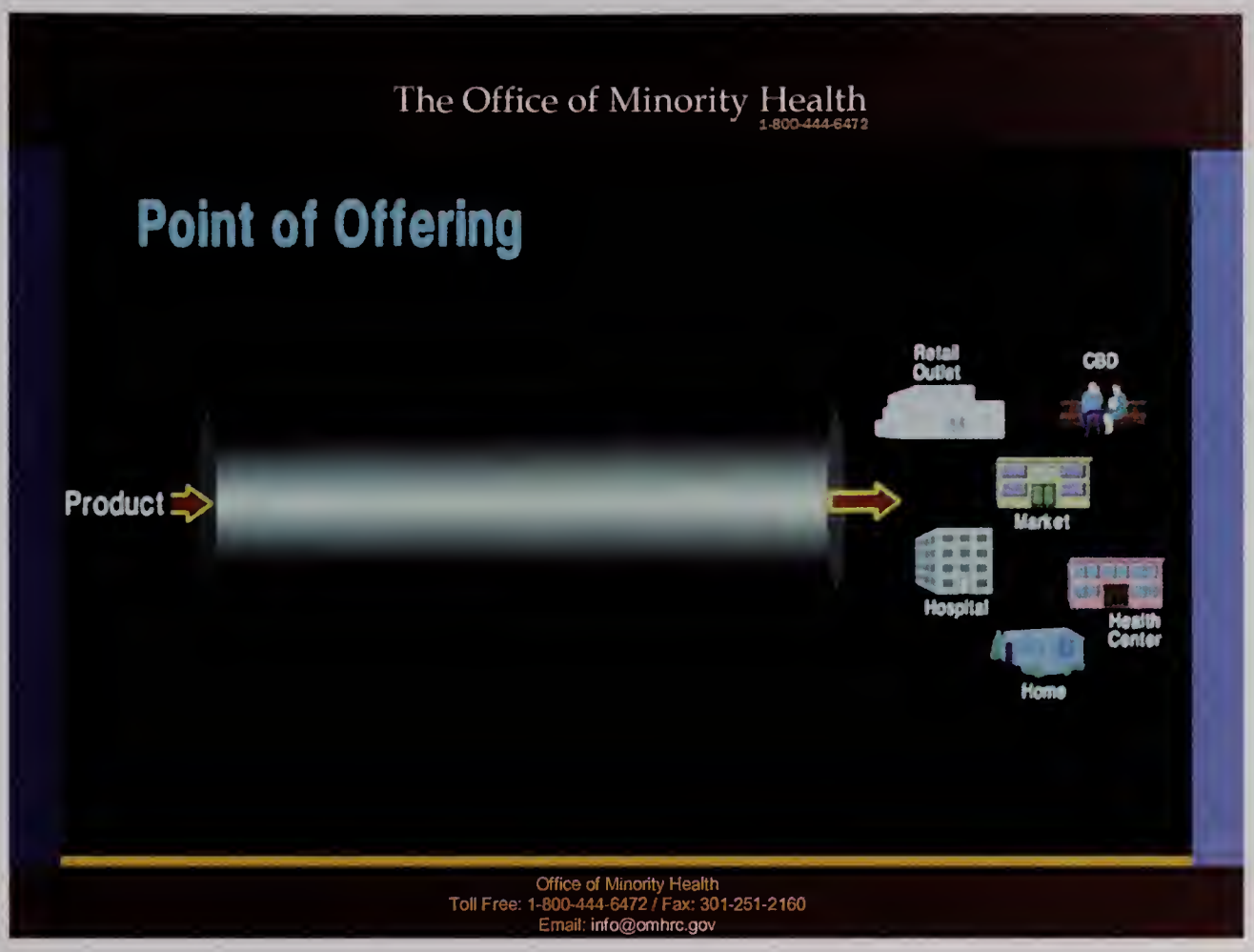
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Point of Offering
Product
Retail Outlet
CBD
Market
Hospital
Health Center
Home
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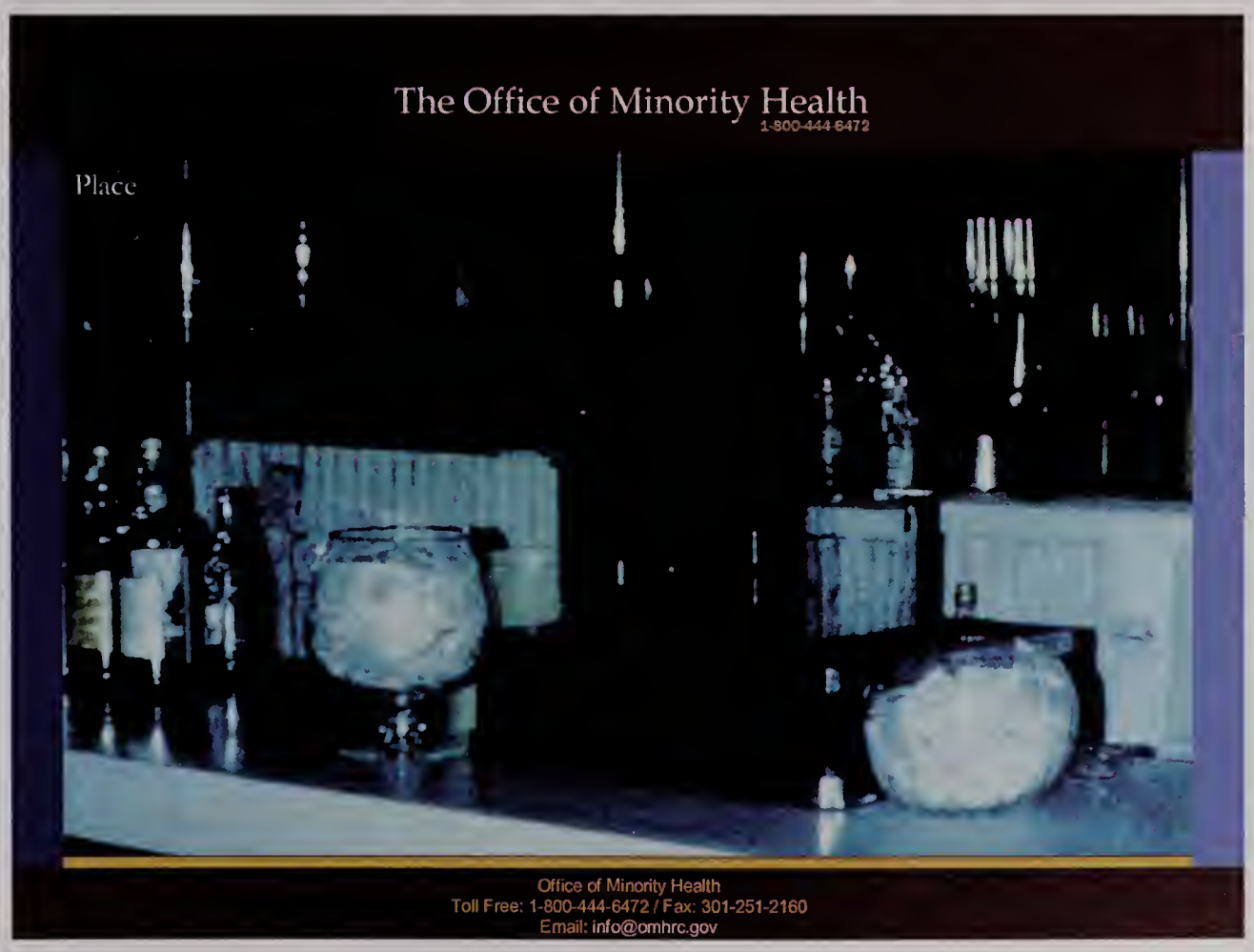
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Place
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Social Marketing - **Promotion**

Communication messages, materials, channels and activities that will effectively reach your audience.

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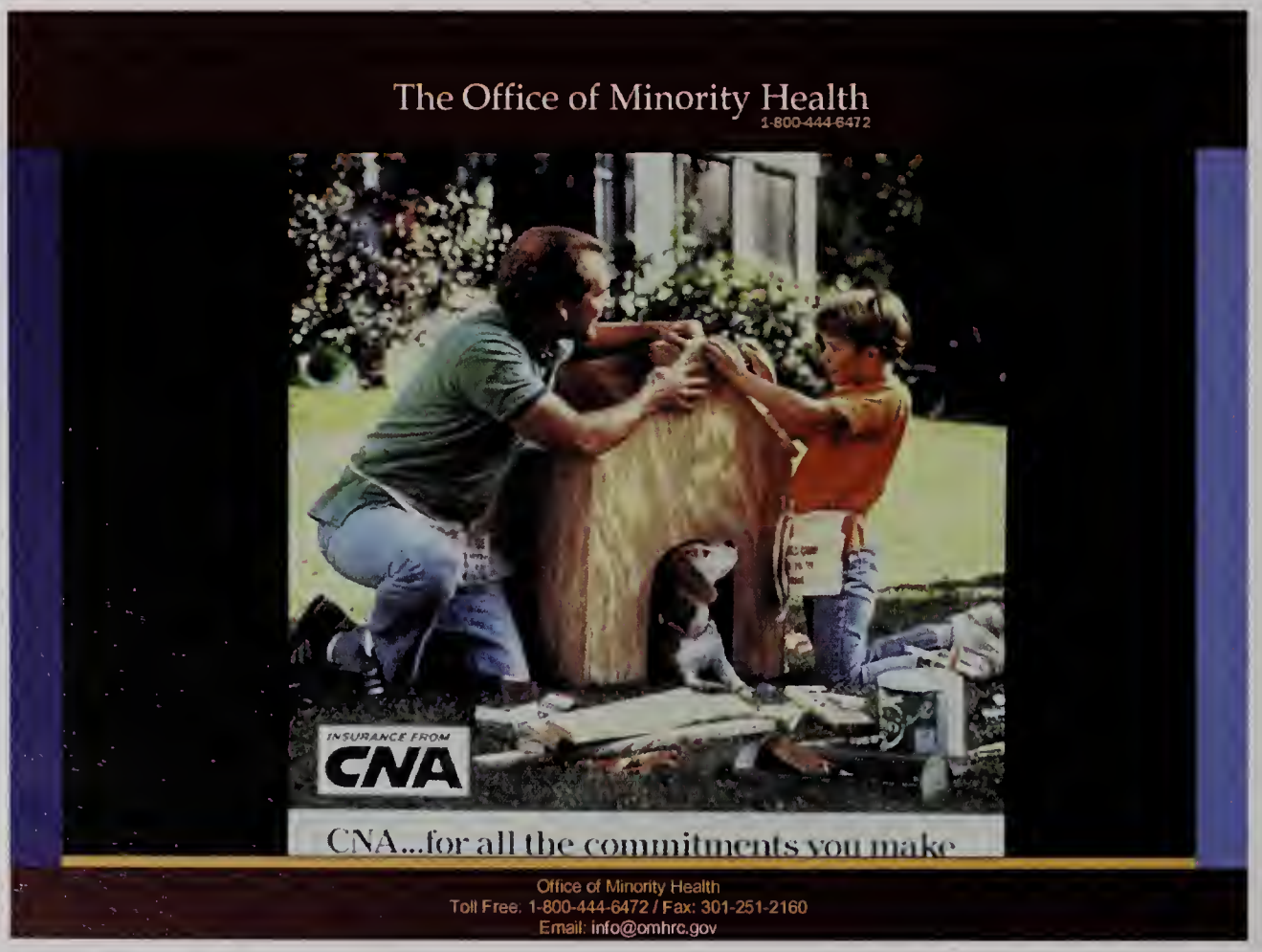

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The Man You Married Is On A Table With His Chest Split Open.
What's Going Through Your Mind?
Washington Hospital Center. The Critical Difference.

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Social Marketing - **Policy**

Laws and regulations that influence the desired behavior, such as requiring sidewalks to make communities more walkable, or prohibiting smoking in shared public spaces.

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The Social Marketing Process

A SIX-STEP MODEL

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The Social Marketing Process (cont.)

1. DESCRIBE THE PROBLEM

To identify and describe the problem:

- How important is the problem?
- Does it fit with current priorities?
- What are the Strengths, Weaknesses, Opportunities & Threats (SWOT)?
- Who can work on the program – your team
- Identify who will review & approve key elements of this program

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The Social Marketing Process (cont.)

1.1 DESCRIBE THE PROBLEM (cont)

- Are the relevant data presented?
  Do the data support the problem analysis?
- Does the team fit well together?
- Are there any political sensitivities?
  Is anyone missing?
- Are there any red flags?
- Are there any serious omissions?

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The Social Marketing Process (cont.)

2. CONDUCT MARKET RESEARCH

To identify and describe the target audience:

- Can the audience be segmented?
- Which audiences appear ready to change?
- What benefits & barriers are there?
- What are attractive exchanges?

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The Social Marketing Process (cont.)

2.1 CONDUCT MARKET RESEARCH (cont)

- Who is your target audience? What is their reality? What do they believe about what you are trying to do?
- Are the available resources confirmed?
- Are the roles and responsibilities clear?
- Do the timelines and budgets appear reasonable, and do they fit your departmental schedules?
- Are necessary review/clearances and procurement mechanisms clear and in place?

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The Social Marketing Process (cont.)

2.2 CONDUCT MARKET RESEARCH (cont)

Can you answer the following questions?

- What most distinguishes between key audience segments?
- What target audiences appear most ready to change? Why?
- What benefits and barriers do target audiences ascribe to the desired and competing behaviors?
- What appear to be attractive exchanges for the respective audience segments?

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The Social Marketing Process (cont.)

3.1 CREATE THE MARKETING STRATEGY

To plan an effective social marketing strategy:

- Select the target audience
- Select the behavioral goal
- Create the marketing mix (5 P's) and its objectives
- Allocate the available budget and other resources for the program

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The Social Marketing Process (cont.)

3.2 STRATEGIC QUESTIONS

Ten critical questions for your initial marketing strategy

1. What is the social (or health) problem I want to address?
2. What actions do I believe will best address the problem?
3. Who is being asked to take the action?
4. What does the audience want in exchange for adopting this new behavior?

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The Social Marketing Process (cont.)

3.3 STRATEGIC QUESTIONS (cont.)

5. Why will the audience believe that anything we offer is real and true?
6. What is the competition offering? Are we offering something the audience wants more?
7. What is the best time and place to reach members of our audience so that they are the most disposed to receiving intervention?

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The Social Marketing Process (cont.)

3.4 STRATEGIC QUESTIONS (cont.)

8. How often, and from whom, does the intervention need to be received if it is to work?
9. How can I integrate a variety of interventions to act over time, in a coordinated manner, to influence the behavior?
10. Do I have the resources to carry out this strategy alone; and if not, where can I find useful partners?

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The Social Marketing Process (cont.)

4. PLAN THE INTERVENTION

To plan the social marketing program:

- Identify the new or improved product
- Identify staffing/training needs
- Identify required policy changes
- Create a communication plan
- Create a work plan

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The Social Marketing Process (cont.)

4.1 COMMUNICATION PLAN

- Successful, effective communication / messages require understanding the values, perceptions, and motivations of your target audience as well as understanding the barriers that keep them from engaging in healthy behaviors.
- What action should the target person take as a direct result of the communication
- What reward should the message promise the consumer / your target audience?

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The Social Marketing Process (cont.)

4.2 **COMMUNICATION** PLAN (cont)

- How can the credibility of the promise be supported?
- What kind of image should distinguish the action and the campaign?
- Besides the most appropriate vehicle to communicate, you need to identify the best time and location for your message to reach your target population
- Always pre-test your messages and materials

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The Social Marketing Process (cont.)

5. PLAN MONITORING/**EVALUATION**

To identify program indicators and assure processes are in place to meet program objectives:

- Assure program indicators are linked to intervention objectives
- Assure clear roles and responsibilities
- Assure reasonable timelines and budgets

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The Social Marketing Process (cont.)

6. IMPLEMENT AND EVALUATE

To conduct the intervention and assess its impact:

- Implement the program and marketing strategy
- Monitor the process
- Assess the impact

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The Social Marketing Process (cont.)

6.1 IMPLEMENT AND EVALUATE

- Has the overall strategy changed at all?
- Are there any external (policy or environmental) or internal factors that may adversely affect the strategy or its implementation?
- Are audience exposure and/or service delivery levels in line with projections?
- Is spending levels in line with projections?
  Are there any issues to be addressed?

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The Social Marketing Process (cont.)

6.2 **IMPLEMENT** AND EVALUATE

- Are partners pleased with direction and progress?
- Are key stakeholders (particularly those who approve ongoing budget allocations) apprised and supportive of the project and its accomplishments?

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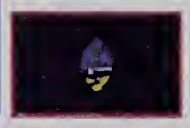

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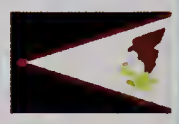
A Public Health Tool

Thank-You for your participation!



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Grant Writing
Part Four

Social Marketing –
Part Two

Grant Writing
Part One

Grant Writing
Part Two

Grant Writing
Part Three

NOTES FOR A CASE STUDY

Introduction

Walid Hamdi has recently been appointed as the new manager of the EPI in the Republic of Asal, a Middle-Eastern country. His predecessor has briefed him on the status of child immunization in the country. Five years ago, the Ministry of Health (MOH) waged an aggressive campaign to increase the percentage of children who were fully immunized by the age of 1 year. That campaign was successful in that the rate increased from 50% to 80%. However, the 80% coverage has stayed constant for the last several years. Mr. Hamdi faces the challenge of trying to increase that rate.

Mr. Hamdi has spent his first 2 weeks on the job meeting with MOH staff and leaders of Private Voluntary Organizations (PVOs) interested in child health, and reviewing a wide range of secondary information sources. Among the facts he has uncovered are the following:

The Republic of Asal

The Republic of Asal has a population of 26.6 million, living on 160,000 square kilometers. The country has 3 major regions, differing in landscape, ethnic composition, and economy. The coastal area surrounding the capital city of Lashim is populated primarily by the Hatim people, who work in the government sector, shipping facilities, and retail stores in the largely urban area. The mountainous region to the north is rural, hard to reach, and populated by the Masif people, who derive their main economic support from raising goats and sheep and from small-scale agriculture. The Masif people are in a state of transition, as many of them are moving to the larger urban areas such as Lashim for higher paying jobs. The southwestern fringe of the country is desert or semidesert, inhabited by the nomadic Aridi people, who are camel herders and traders. Seventy-eight percent of the population live in or near the coastal urban area. Please refer to map.

The annual birthrate in the country is quite high at 4% and, as a consequence, 40% of the population is under 15 years of age. Twenty-three percent of women are of reproductive age. Most households are large--the average number of children is 4.7. Per capita income is $1,000 but ranges from $500 in the mountains to over $2,000 around Lashim. The country is predominantly Moslem.

Health Status

Of the 1,331,400 children born in Asal each year, about 133,000 (100 per 1,000) will die in their 1st year. The rate is higher in the mountain and desert areas, where infectious, parasitic, and diarrheal diseases are more prevalent. The principal causes of morbidity, according to government records, are dysentery, measles, and pneumonia. Life expectancy in Asal is 55 years.

Health System

Asal's MOH has established a clinic system that nominally covers the country but it is much more prevalent and effective in the urbanized regions. There is a modest government public education programme dedicated to prevention, but much of it involves materials distributed and lectures given through the existing clinic system.

National EPI

The MOH has had an EPI for several years that has been quite successful in getting the majority of the country's children immunized. That programme relied on a large mass media campaign staged once a year asking mothers to bring their children 3 times to the health clinics to be immunized. This programme was partly responsible for increasing the percentage of fully immunized children from 50% to 80% but that percentage has not changed for the last 3 years. There is a large dropout rate from DPT3 to measles.

Another problem the EPI has encountered is that many women, especially in the rural areas, will not go to the clinic if the health aide they are to see is male. Yet it has been difficult to find female staff for these clinics, since the rate of literacy is low among women (20% across the whole country, even lower in the rural areas).

Communication Resources

There are 4 major newspapers and a government-operated radio and television system in Asal. The 6 major cities can receive television, but the rural areas cannot. Radio reaches everywhere in the country. Literacy is about 62% for men and 20% for women. It is estimated that there are 500,000 television sets and 1.5 million radios in the country, including those in automobiles. Some households can receive programming from nearby countries.

Commercial Resources

There are a few sophisticated advertising production or marketing research firms in the capital. Unfortunately, none of these firms has much experience reaching people outside the urban centers or working with public health programmes. Asal National University has a survey research unit that has conducted contraceptive prevalence surveys across the whole country.

The Present Situation

Walid Hamdi must decide what direction the EPI programme should take under his leadership. He knows that he must change the current strategy because it has not successfully reached the 20% who are still not fully immunizing their children; yet he feels that there are many unanswered questions. For example, he has asked himself:

1. Who makes up the 20% of the population that has resisted previous efforts in immunization campaigns?

   a. Is it the rural, poorer segments of the population?

   b. Is it the less educated and poor segment of the urban population?

   c. Is it those who have started immunization but have not completed the series, or those who have not started?

2. What exactly is the health practice to be promoted? For example:

   a. Immunizations in general?

   b. A specific vaccine, e.g., measles, since it has the highest dropout rate?

   c. A specific event, such as an immunization day or week?

3. What is the communications objective? For example:

   a. Should mothers be convinced of the need for immunizations?

   b. Should the emphasis be on where and when to get the immunizations?

   c. Should the emphasis be on dispelling common misconceptions among health staff and mothers, such as "children can't receive the vaccines if they have colds" or "the vaccines will make them sick"?

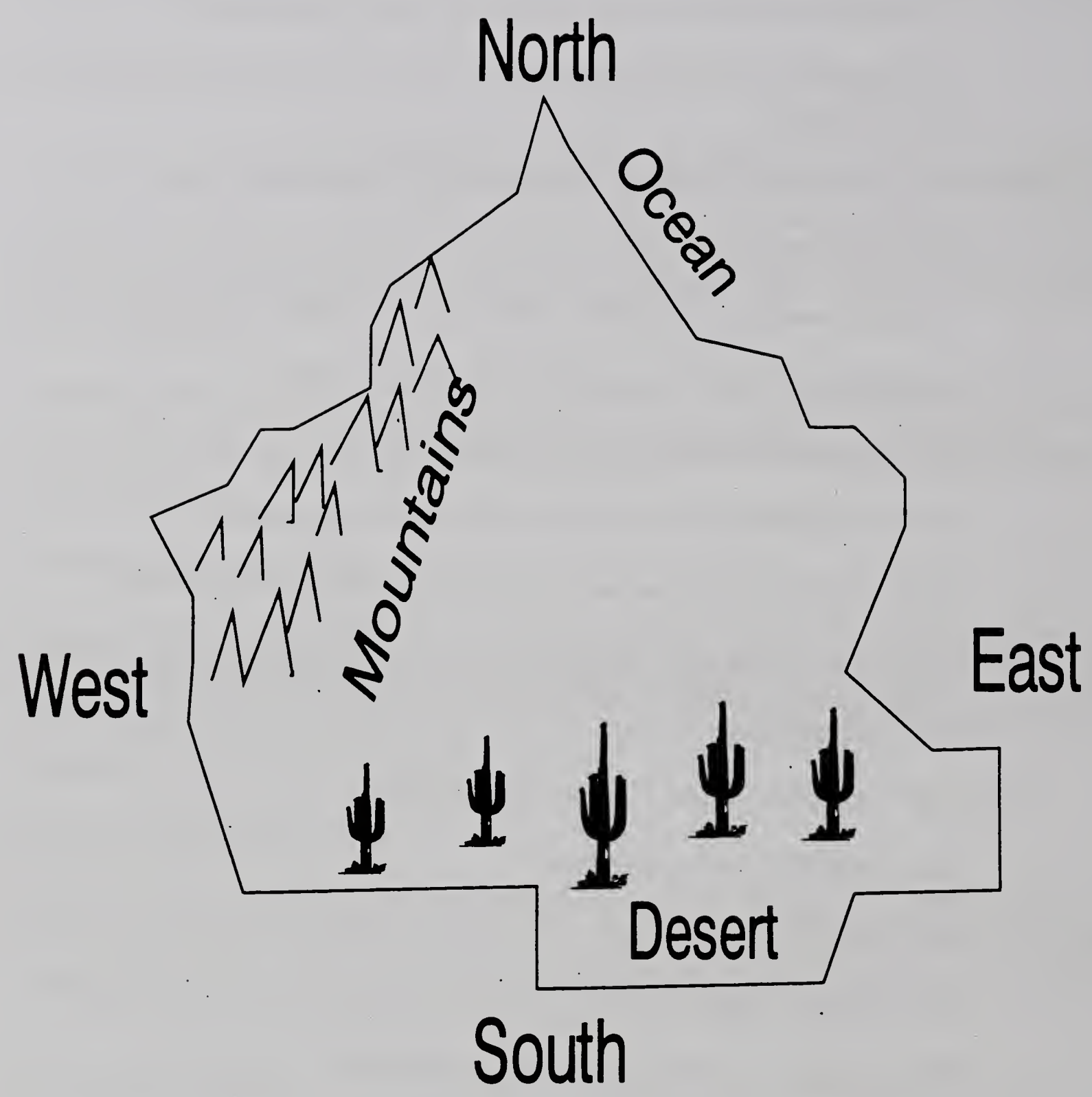
4. What research should be done? Considerations include:

   a. Who is qualified to do the research?

   b. How much will it cost?

   c. How long will it take?

   d. What questions can be answered through research?



Republic of Asal

Your Assignment

You are to provide a programme of action for Walid Hamdi for the next 6 months, specifying what he is to do, in what sequence, and at what level of resources. Use the 5-step methodology for public health communication to guide your planning. The following questions, based on the 5 steps, may facilitate your group process.

STEP 1: ASSESS

General Questions:

What are current child care practices and sources of information and influence on child care?

Specific Questions:

1. Who is the primary caretaker of the child? Who makes decisions on what medical care the child receives?

2. What is the local understanding of prevention of children's illnesses? Do people have a concept of immunization?

3. What are the attitudes about the various diseases the immunizations protect against?

4. What are the attitudes about the clinics and their personnel?

5. Who are the credible authorities on child health in the community?

6. What are the channels of communication for mothers and caretakers? What are their media habits?

7. What are the barriers preventing immunizations, and what benefits are received from immunizing children?

8. What are current coverage rates for all antigens? Is there a dropout from DPT1 to DPT3 or from DPT3 to measles?

STEP 2: PLAN

General Questions:

What is the expected outcome of the intervention?

Specific Questions:

1. What health practice will be promoted?
   a. Immunizations in general?
   b. A specific immunization?
   c. An immunization event?
2. Who are the target audiences? Is there a priority among them?
3. What is the communication objective?

STEP 3: PREPARE AND PRETEST MATERIALS

General Question:

What materials (print, audiovisual, etc.) will be prepared?

Specific Questions:

1. How will you justify the choice of channels of communication and the materials, in terms of reach, frequency, and cost-effectiveness?
2. How will these materials be distributed?

STEP 4: IMPLEMENT

General Question:

What will it take to produce the desired results?

Specific Questions:

1. What is the key intervention strategy?

   a. Channels of communication--how will you reach your target audience?

   b. Message--what will your message be? What is the key benefit that the target audience will obtain by complying with your instructions?

   c. Who will constitute your "sales force"? How many do you have to train/orient? How long will it take them to reach your target audience?

   d. How will you monitor and track your activities so you can make adjustments if necessary?

STEP 5: EVALUATE

General Questions:

Have you achieved your objectives?

Specific Questions:

1. What measures can you use to assess your accomplishments?

2. How can you learn the reasons for your successes and failures?

3. What lessons from this experience can you apply to the next cycle of planning?

APPENDIX B

Technical Reading On:
What is Social Marketing?

The term ***social marketing*** was first introduced in 1971 to describe the use of marketing principles and techniques to advance a social cause, idea, or behavior. Social marketers believe that the consumer (target audience) should be the central focus for planning and conducting a programme. The programme's components include the 4 P's:

- *Product*--what the programme is trying to change within the target audience.

- *Price*--what the consumer must give up to receive the programme's benefits. These costs may be intangible (e.g., changes in beliefs or habits) or tangible (e.g., money, time, or travel).

- *Promotion*--how the exchange is communicated (e.g., appeals used).

- *Place*--what channels the programme uses to reach the target audience (e.g., mass media, community, health service delivery, interpersonal).

Social marketers recommend the following 5-step methodology for developing the communication component of the EPI (1) assessing, (2) planning, (3) developing and testing materials and refining the elements of the plan, (4) implementing communication activities, and (5) evaluating results and using feedback to refine the programme. At each step, managers should ask: What decision do we need to make at this stage? Following is a list of some questions that should be asked concerning each stage of the process.

Assess

An assessment of the communication needs of the EPI requires that the manager consider the following questions: What health practices are being promoted? Which are the primary target groups that the EPI is trying to reach? How successfully has the programme reached these target groups? Managers need to know some basic information about their programme's target audience. Such information includes the audience's knowledge about the problem, reasons for not behaving according to prescribed practice, and motivational factors that will encourage the audience to accept new health practices. An understanding of these elements will help the manager design an appropriate and effective communication strategy.

Plan

After assessing the programme situation, the team should develop a communication plan that documents decisions regarding the following:

- Target audience for the communication programme
- The health practice to be promoted
- The key consumer benefit or the reason why the target audience would be motivated to adopt the health practice being promoted
- The channels of communication to be used in reaching the target audience
- The communication objectives, in terms of what percentage of the target audience is to be reached with messages

The communication plan, which describes the strategy to be used, specifies the target audience, the response you want to generate from that audience as a result of the communication activities, and the manner in which you will communicate with the target audience to achieve the intended response.

Develop, Test, and Refine

With the communication strategy clearly defined, the team can determine what materials need to be developed and what communication channels should be used to deliver these messages. The questions posed at this stage include the following:

- What communication materials do we need to produce, and what will be the purpose of each of these materials?
- What is the combination of communication channels we should use? If we decide to use radio followed by television, we will need to document why we chose this mix of channels. Is radio the most accessible medium for the target audience? Is it cost-effective in reaching a large segment of the audience frequently enough so that the messages will be heard and recalled, at a reasonable cost per person reached?
- How are we going to reach the network of health workers with messages about the communication programme? It is important that they be knowledgeable about the objectives of the campaign and also feel ã part of the undertaking and realize the value of their participation in achieving the goals of the communication programme. Health workers are the programme's field-based service provider. They have face-to-face contact with the target audience.

The materials that are developed must be tested with a sample of the target audience for comprehension, believability, and acceptability. This feedback from the target audience can be used to refine the materials.

Implement

At this stage, the communication materials are delivered to the target audiences. The activities that may occur include an event to launch the programme, orientations for health workers, distribution of print and broadcast materials, and development of a monitoring system to track the communication activities. Questions following this stage include:

- Are the messages reaching the target audience? Are radio and television spots broadcast according to the schedule? Are print materials reaching the health centers? Are health workers giving mothers the advice they need? Are the face-to-face interactions supportive of the mass media messages?

- Are there any operational problems, such as lack of vaccine, that may prevent the mother from obtaining the services promised through the communication channels, thereby leading to the loss of credibility of the health communication component?

Evaluate

Regular monitoring of the communication programme, coupled with an evaluation of the pre- and post-campaign measures of knowledge, attitudes, and practices, can help you understand whether the elements of the plan were successful. The following questions may guide the evaluation:

- *Access to the messages*: Did the target audience receive any of the messages? Through which channels?

- *Attitudes*: What are attitudes about the diseases and the value of vaccinations in protecting children from the diseases?

- *Behavior change*: Was there an increase in the number of mothers who brought their children for immunization after the communication was started? If so, was this increase a result of the communication programme?

It also is important to understand what actually occurred in the health centers where vaccination services were being provided. The communication programme may have been successful in bringing mothers to the health centers, but it was the health worker who provided vaccination services and counseled mothers. The evaluation can indicate whether the health centers were able to provide vaccination services to the mothers who heard the messages. It also can document the mother's experience at the health center. Did she have to wait long? Did she understand what the health worker

had told her? If the experience was positive, it is more likely that the mother will adopt the health practice being promoted.

Although these questions are beyond the purview of the communication team, it is important to understand the factors that led to either adoption or rejection of the proposed health practice. Actions that needed to be taken to solve operational problems, such as availability of vaccines or long waiting time, are the responsibility of health center staff. The communication team, however, can help diagnose the problem and understand implications for communication efforts. Finally, the communication team can identify the elements of the communication plan that worked well and use the experience to refine the programme and to suggest overall improvements for the next effort.

Appendix E

ACTION PLAN WORKSHEET #1

1. ASSESS

Obtain secondary data on the following:

a. DOH programme objectives/immunization targets

b. Mortality/morbidity by immunizable disease

c. Coverage by antigen; coverage by geographical area

d. Number of health service immunization sites with schedules for immunization, staffing, financial resources

e. Communication materials available--print, radio, TV as available

ACTION PLAN WORKSHEET #2

2. PLAN

a. *Determine the expected outcome of the intervention.*

b. *Set the Communication Objective.*

Select a practical communication goal given available resources. Specify whether the communication task is to:

- teach new knowledge (children should be immunized against measles at 9 months)

- change an attitude (at 6 months, children are strong enough and parents need no longer be as concerned about children's health--this relaxed attitude may lead a mother to forget to take her child for measles immunization at 9 months)

- promote a specific benefit (if children are immunized against measles, mothers will not have to worry about complications)

- establish a new behavior (mothers should have tetanus toxoid immunizations as another way of protecting their children's health)

Besides stating a clear communication goal, determine whether other elements in the programme are functional, such as the distribution of vaccines and supplies. The success of a communication effort hinges on the availability of high-quality health services.

c. *Choose the priority target audience.*

d. *Choose key message concepts*. The messages must focus on the benefits to the mother and her child of completing the immunization series. These benefits must be viewed from the perspective of the mother and not the EPI programme management. To be persuasive, the messages must relate the benefits to the mother's concerns and offer immunization as a way to attain the goals she has set for herself.

e. *Choose channels to reach the target audience.* Channels of communication should be chosen on the basis of their being considered a credible source of health and child-care information and their power to reach the segments of the population that the intervention would like to target. Cost-effectiveness of the channels of communication and their replicability in other urban sites should also be considered. Multiple channels of communication are usually found effective and efficient.

3. CREATIVE STRATEGY BRIEF

All these key decisions are documented in a short paper, usually called a *creative strategy brief*, (Appendix F), which is then discussed with all partners in implementation. Communication materials developed for the intervention are judged against the strategy outlined. Field activities, research, and communication materials for mass-media or face-to-face communication should be consistent with the decisions outlined in the creative strategy document. Activities that do not support the strategy should not be undertaken, and communication materials that do not conform to the strategy should not be disseminated. All inputs and activities should support the strategy laid out for the intervention.

The Creative Strategy Brief

1. Target Audience(s)

Who do you want to reach with your communication? Be specific.

2. Objective(s)

What do you want your target audience to do after they hear, watch, or experience this communication?

3. Obstacles

What beliefs, cultural practices, pressures, misinformation, etc. stand between your audience and the desired objectives?

4. Key Promise

Select one single promise or benefit which the audience can experience.

AED

The Creative Strategy Brief

5. Support Statements/Reasons Why

These are the reasons why the Key Promise/Benefit outweighs the obstacles. The reasons that what you're "promising"/promoting is beneficial. These often become the messages.

6. Tone

What <u>feeling</u> should your communication have? Should it be authoritative, light, emotional,...? Pick a tone.

7. Media

What channel(s) or form will the communications take? television? radio? newspaper? poster? point-of-purchase? flyer? all of the above?

8. Creative Considerations

Anything else the creative people should know? Will it be in more than one language? Should they make sure that all nationalities are represented? etc...

NOTE: *All Creative Strategy Briefs **must** be accompanied by a page summarizing the background situation and where the promotion fits within the big picture.*

Desired Behavioral Outcome

Communication Objective

Target Audience

Channels of Communication

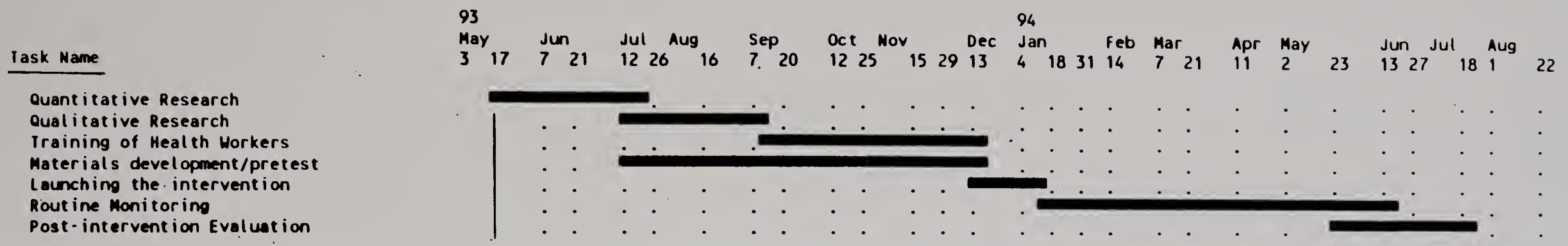
Key Messages/ Concepts

Product, Price, Place, and Promotion

The authors summarized the marketing mix in the following chart:

Target Population	Product	Price	Promotion	Place
Chitterlings Preparers Primarily older, African-American women living in metropolitan Atlanta	**Messages** Pre-boil chitterlings for five minutes before cleaning and cooking as usual	**Perceived Barriers** Change from traditional technique Perceived change in taste Extra five minutes of upfront work **Perceived Benefits** Community ownership as source of technique Taste test showed no change in taste Faster/easier overall Safer for children Child care issues avoided	Cartoon, flyers, bulletin insert Short read: problem and community solution Brochure Full info for interested readers News release Public service announcement Newspaper articles Radio talk shows TV news spots Focus on new problem with a simple solution	**Grocery Stores** Point of sale reaching chitterlings purchasers **Churches** Targets church-goers Churches trusted source **Health Care Providers** Physicians, hospitals County clinics WIC waiting rooms **Media** Targeted: gospel station talk show
Community Leaders, Gatekeepers Heterogeneous group having authority to allow dissemination of information	Encourage message dissemination to target group within their spheres of influence	**Perceived Barriers** Extra work Potential political or economic repercussions **Perceived Benefits** Image of promoting safety of children DHR did most of the follow-up work	Cover letters for each subgroup News release Medical fact sheets Samples of brochures Can evaluate what they are asked to distribute Presentation in person or telephone to address questions	**Grocers' Association and Large Chains** Point of sale distribution **Church Associations** Posting Pulpit announcements Bulletin inserts **Media** Timely awareness of preventable health problems
Health Care Providers Physicians County clinic nurses WIC nutritionists Hospital infection control nurses Epidemiologists	Take exposure history and culture for YE in appropriate cases Disseminate prevention message	**Perceived Barriers** Requires awareness and asking about chitterling exposure Extra cultures and costs **Perceived Benefits** Correct diagnosis of YE Earlier treatment of YE Simple prevention message	Cover letters for each subgroup News release Medical fact sheets Samples of brochures Can evaluate what they are asked to distribute Presentation in person or telephone to address questions	**Work Place/office** State epidemiologist Research investigator Emphasis on new, well-documented medical information and timeliness of prevention issues

Sample Workplan for the Intervention



Grant Writing
Part Four

Grant Writing
Part One

Grant Writing
Part Two

Grant Writing
Part Three

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The Basics of Program Planning within Non-Profit Agencies

Chuuk Grant Writing Training – Day One

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Workshop Objectives

- To discuss various types of Programs most often found within non-profit organizations
- To provide Programming Basics to workshop participants
- To cover tips and strategies used to create and implement new and ongoing programs
- To provide a framework where new program ideas can be discussed in order to encourage a better agency for all
- To discuss programs using the VDC methodology

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5 Programming Designs

- New Programs – *programs which are new and have been constructed to fill gap services,*
- Existing Programs – *programs that are currently running and are seeking to be expanded and/or sustained,*
- Collaborative Programs – *shared programming between strategic partners,*
- Organizational Programming – *programs that are essential to the continued operations of an agency, organization or association, and*
- Systemic Change Programs – *programs meant to produce change within and/or educate communities or populations.*

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Planning Basics

- Start with Your Clients in Mind –Plan your programs by focusing on your clients
  - Query the client's needs
  - Define what products and services are needed
  - Assess your agency's ability to deliver services
  - Solicit collaborations and partnerships as needed

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Planning Basics

- Project Planning
  - Narrow the target audience
  - Develop & implement a needs assessment
  - Analyze the data
  - Gain consumer support
  - Position the Project's services in the community
- Agency Planning
  - Garner project support from Upper Management and the Board of Directors
  - Develop project sustainability
  - Maximize available resources
  - Prepare agency & community for delivery of services

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Planning Basics

Once the needs of the consumer have been assessed, the agency must decide on its approach to service delivery

- Clarify your services
- Build your delivery system = Project Design
- Look for funding to support the Project

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Programming Basics

Each of the 5-Designs address these 3 elements:

- Vision
- Programming Design
- Organizational Capacity

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Programming Basics

VISION

- The Vision of a project talks about its heart.
- It clearly describes the value of the Project and lets us know why it is being created and what changes will happen because it – The Project – is there.
- Consumers/Participants should be able to completely see & understand how the project will work in their best interest.

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Programming Basics

DESIGN

- The Program Design explains the Vision.
- It details the fine points of the project from its service delivery and methodology to naming potential community partners and associations.
- The Design describes the program's audience, strategic partners, objectives, and purpose.

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Programming Basics

ORGANIZATIONAL CAPACITY

Agencies are accountable for their programs. When an agency states that it is ready to serve a specific population, the funders (which includes the consumers) want to know that their investments are secure. The organization must be able to *handle the task* it has put before itself.

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New Programs – *make sure you show…*

- Clear, descriptive services that seek to fill gaps in services
- Solid links to the consumers
- Consumer input to programming
- How safety concerns are addressed
- How you have prepared your Consumers for success
- The expertise of your Agency/Staff
- Direct relationship to the Mission of the Agency
- That Agency fiscal responsibility is high
- Community linkages which are clearly determined
- The relationship between Direct & Indirect services

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Existing Programs

- Highlight consumer trust and participation
- Utilize consumer quotes in marketing strategy
- Share what has been learned from the constituency
- Market your best practices and success

- Describe list of services
- Highlight program efficacy
- Discuss the agency's goals & objectives
- Relate the agency's philosophies to its practices
- Inform audience of the agency's history

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Collaborative Programs

- Highlight consumer trust and participation
- Utilize consumer quotes in marketing strategy
- Share what has been learned from the constituency
- Market your best practices and success

- Describe list of services
- Highlight the collaborative's efficacy
- Discuss the collaborative's goals & objectives
- Relate the collaborative's philosophies to its practices
- Inform audience of the collaborative's history

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Organizational Programs

- These programs are crucial to an agency's survival. Efforts should be made to utilize information gained from the needs assessment process to strengthen all programmatic functioning.
- Do more than just listen to input from your consumers, implement their suggestions and feedback whenever possible.
- Be sure to provide staff development and training to increase program solvency.
- Translate community & consumer interactions into a successful programming strategy.

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Systemic Change Programs

- Define the area (region) and scope of services
- Have and USE a budget to develop your messages with your consumer targets
- Be inclusive to maximize your message
- Personalize statistics
- Provide tollfree and local numbers
- Work collaboratively whenever possible
- Partner with private and public agencies
- Utilize a governing body throughout the campaign and into the program's implementation

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Workshop Exercises

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Workshop Objectives

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Drafting a Mission Statement

Agency Name:

What type of services does the agency provide?

Who benefits from the agency's activities?

What does the organization/group want to change?

Combine the elements above into a draft mission statement for the agency. Here is an example;

"The mission of the Office of Minority Health is to improve the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities."

Drafting a Vision Statement

Agency Name:

How do the agency's services make a difference to its clients?

Who benefits from the agency's activities?

What happens as a result of the organization's and/or group's change?

Combine the elements above into a draft vision statement for the agency.

Determining CHANGE for Your Program Objectives

Change	Objective 1	Objective 2	Objective 3	Objective 4
What **CHANGE** do you expect to occur? (*WHAT*)				
Who will experience the **CHANGE** (Populations) (*WHO*)				
Degree of **CHANGE** to occur (*HOW will it be measured*)				
Timeframe for **CHANGE** to occur (*WHEN*)				

Action Verbs

A few points to remember:

- Action verbs can **INDICATE ACTIVITIES** you can & can't see such as:
  - **Moving**
  - **Assisting**
  - **Thinking**
  - **Wanting**

- Action verbs are **TIME-TELLING** verbs. They tell ***WHEN*** something takes place. Examples:

- **Runs** (***present tense***)
- **Ran** (***past tense***)
- **Will Run** (***future tense***)

- Actions verbs may be used alone as the **MAIN VERB** of a sentence;
  - My kitten **fell** into the pond.

- Or the action verb may use a **HELPING VERB**; as in:
  - If you get too close to the edge, you **will fall** too.

Helping Verbs

may	**be**	**do**	**should**	**have**	**will**
might	**being**	**does**	**could**	**had**	**can**
must	**been**	**did**	**would**	**has**	**shall**
	am				
	are				
	is				
	was				
	were				
	(+ main)	(+ main)		(+ main)	

A

- Accelerated
- Accomplished
- Achieved
- Acted
- Activated
- Adapted
- Addressed
- Adjusted
- Administered
- Advanced
- Advertised
- Advised
- Advocated
- Aided
- Allocated
- Analyzed
- Answered
- Applied
- Appraised
- Approved
- Arbitrated
- Arranged
- Ascertained
- Assembled
- Assessed
- Assigned
- Assisted
- Attained
- Augmented
- Authorized
- Awarded

B

- Balanced
- Began
- Boosted
- Briefed
- Budgeted
- Built

C

- Calculated
- Captured
- Cataloged
- Centralized
- Chaired
- Charted
- Checked
- Clarified
- Classified
- Coached
- Collaborated
- Collected
- Combined
- Communicated
- Compared
- Compiled
- Completed
- Composed
- Computed
- Conceived
- Conceptualized
- Condensed
- Conducted
- Conferred
- Conserved
- Consolidated
- Constructed
- Consulted
- Contacted
- Continued
- Contributed
- Controlled
- Converted
- Conveyed
- Convinced
- Coordinated
- Corresponded
- Counseled
- Created
- Critiqued
- Cultivated
- Customized

D

- Debugged
- Decided
- Defined
- Delegated
- Delivered
- Demonstrated

- Designated
- Designed
- Detected
- Determined
- Developed
- Devised
- Diagnosed
- Directed
- Discovered
- Dispensed
- Displayed
- Dissected
- Distributed
- Diverted
- Documented
- Drafted

E

- Earned
- Edited
- Educated
- Effected
- Eliminated
- Emphasized
- Employed
- Encouraged
- Enforced
- Engineered
- Enhanced
- Enlarged
- Enlisted
- Ensured
- Entertained
- Established
- Estimated
- Evaluated
- Examined
- Executed
- Expanded
- Expedited
- Experimented
- Explained
- Explored
- Expressed
- Extended
- Extracted

F

- Fabricated
- Facilitated
- Fashioned
- Finalized
- Fixed
- Focused
- Forecasted
- Formed
- Formulated
- Fostered
- Found
- Fulfilled
- Furnished

G

- Gained
- Gathered
- Generated
- Governed
- Grossed
- Guided

H

- Handled
- Headed
- Heightened
- Helped
- Hired
- Honed
- Hosted
- Hypothesized

I

- Identified
- Illustrated
- Imagined
- Implemented
- Improved
- Improvised
- Incorporated
- Increased
- Indexed
- Influenced
- Informed
- Initiated
- Innovated

- Inspected
- Inspired
- Installed
- Instituted
- Integrated
- Interacted
- Interpreted
- Interviewed
- Introduced
- Invented
- Inventoried
- Investigated
- Involved
- Issued

J

- Joined
- Judged

K

- Kept

L

- Launched
- Learned
- Lectured
- Led
- Lifted
- Listened
- Located
- Logged

M

- Maintained
- Managed
- Manipulated
- Marketed
- Maximized
- Measured
- Mediated
- Merged
- Mobilized
- Modified
- Monitored
- Motivated

N

- Navigated
- Negotiated
- Netted

O

- Observed
- Obtained
- Opened
- Operated
- Ordered
- Orchestrated
- Organized
- Originated
- Outlined
- Overcame
- Overhauled
- Oversaw

P

- Participated
- Performed
- Persuaded
- Photographed
- Pinpointed
- Piloted
- Pioneered
- Placed
- Planned
- Played
- Predicted
- Prepared
- Prescribed
- Presented
- Presided
- Prevented
- Printed
- Prioritized
- Processed
- Produced
- Programmed
- Projected
- Promoted
- Proofread
- Proposed
- Protected
- Proved

- Provided
- Publicized
- Purchased

Q

- Qualified
- Questioned

R

- Raised
- Ran
- Rated
- Reached
- Realized
- Reasoned
- Received
- Recommended
- Reconciled
- Recorded
- Recruited
- Reduced
- Referred
- Regulated
- Rehabilitated
- Related
- Remodeled
- Rendered
- Reorganized
- Repaired
- Replaced
- Reported
- Represented
- Researched
- Reshaped
- Resolved
- Responded
- Restored
- Retrieved
- Reviewed
- Revised
- Revitalized
- Routed

S

- Saved
- Scheduled
- Screened
- Searched
- Secured
- Selected
- Separated
- Served
- Shaped
- Shared
- Simplified
- Simulated
- Sketched
- Sold
- Solved
- Sorted
- Spearheaded
- Specialized
- Specified
- Spoke
- Sponsored
- Staffed
- Standardized
- Started
- Streamlined
- Strengthened
- Structured
- Studied
- Suggested
- Summarized
- Supervised
- Supplied
- Supported
- Surpassed
- Surveyed
- Sustained
- Synthesized
- Systematized

T

- Targeted
- Taught
- Terminated
- Tested
- Tightened
- Totaled
- Tracked
- Traded
- Trained
- Transcribed
- Transformed

- Transmitted
- Translated
- Traveled
- Tutored

U

- Uncovered
- Undertook
- Unified
- United
- Updated
- Upgraded
- Used
- Utilized

V

- Validated
- Verbalized
- Verified
- Vitalized
- Volunteered

W

- Weighed
- Widened
- Won
- Worked
- Wrote

X

Suggestions?

Y

Suggestions?

Z

Suggestions?

Grant Writing
Part Four

Grant Writing
Part Two

Grant Writing
Part Three

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Grant Writing Basics

Office of Minority Health Resource Center
July 2008

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Workshop Objectives

- To introduce the basics of grantwriting and responding to funding proposals,
- To increase participant knowledge concerning resource development,
- To apply the skills covered in the workshop through demonstrations & homework projects,
- To successfully engage participants in creative and meaningful discussions.

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In this workshop we will cover:

- ✓ The importance of staying Mission Focused,
- ✓ How Agency Infrastructure plays a vital role in Resource Development
- ✓ What an RFP is all about
- ✓ Interactive Exercises

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The Importance of Staying Mission Focused

- Your **Mission Statement** is the heart, goal and vision of your agency. It defines why & how you have chosen to operate as an organization.

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The Importance of Staying Mission Focused

- By staying true to your **Mission**, you present a *logical* and *coherent* face to current and potential funders,
- Funders talk to each other about their grantees; if they discover that you are changing your mission to "chase the money", it will seriously erode your agency's ability to receive future funding.

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The Importance of Staying Mission Focused

- Staying **Mission Focused** demonstrates to your collaborative partners that, as an agency, you will maintain consistency in your outreach efforts.
- Staying Mission Focused demonstrates to your employees and clients that you will be consistent in your relationships with them.

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The Importance of Staying Mission Focused

- By staying Mission Focused, you are able to clearly target and maintain funding resources through established linkages in your community and collaborative partnerships.

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What do funders typically look for in proposals?

A. Organizational Capacity
B. Feasibility of Objectives & Workplan
C. Appropriateness of Activities & Intervention
D. Collaborative Efforts
E. Evaluation Methods

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A. Organizational Capacity

Funders need to know that your agency is able to deliver the goals and objectives that your application says it will.

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B. Feasibility of Objectives & Workplans

An agency must demonstrate to current and potential funders that it is able to create and sustain logical and reasonable programming.

The workplans should be clear, understandable and within the agency's ability to complete by the end of the requested funding cycle.

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Grant Writing
Part Three

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C. Appropriateness of Activities & Intervention

Do your homework on your funders BEFORE you submit an application to them.

You can waste an awful lot of energy, effort and time by incorrectly applying to funders who have nothing to do with your prospective projects or interventions.

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D. Collaborative Efforts

Funders need to know that you have earned the support and trust of peer organizations.

Collaborations demonstrate an agency's proficiency and ability to successfully work in their selected field of service in a targeted community… at least on paper.

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E. Evaluation Methods

Just because you've created and implemented a program doesn't mean it's a success!

You *must* take the next step and **Evaluate** your programming.

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What? An Evaluation Plan?

1) With a team, establish a list of questions,
2) Decide on the type of data you will need to collect,
3) Determine how/where you will collect your data,
4) If you're measuring change, decide what you will base your measurements upon,
5) Configure a basis for success,
6) Decide if you need to hire an outside evaluator,
7) USE the data you've collected,
8) Let others know about your success!

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GOAM: A Suggested Evaluation Process

- *Goals*. A statement that indicates what your program is meant to produce
- *Objectives*. Tasks that must be completed to achieve your goal(s)
- *Activities*. The specific tasks taken to accomplish your objectives
- *Milestones*. Significant points that occur as you accomplish your goals

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Agency Infrastructure

- Funders want you to demonstrate your capacity & ability to deliver services in your communities.
- This is what is meant by Agency Infrastructure.
- The INFRASTRUCTURE of an organization relates to that agency's ability to provide quality care to its constituents.

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Defining some Terms

- RFP – Request for Proposals
- RFA - Request for Applications
- RFQ – Request for Quotations
- CBO – Community Based Organization
- NGO – Non-Governmental Organization
- FTE – Full Time Equivalent
- MOU – Memorandum of Understanding

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The typical components of an RFP (Request for Proposal) include:

1. Cover Letter
2. Abstract
3. Program Narrative
4. Mission Statement
5. Organizational Summary
6. Program Description
7. Evaluation Methodology
8. Budgetary Process
9. Attachments

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1. Cover Letter

- This is your introduction to the funder
- It provides the funder with an initial impression of your agency
- Be focused and direct in your intent to provide services
- Be brief
- State support of the program from your board of directors & target audience
- Include a one sentence description of your program's purpose, audience, funding request, time frame & contact information

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2. Abstract

1) Describes your Application to the Funder,
Name of agency
The title of the project
Your target audience
2) Gives a Project Description,
Agencies involved in the project
The target population
The goals & objectives
3) Outlines your Budget & Narrative.

Usually, this is the last part of your proposal that is written .

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3. Program Narrative (Design)

- ✓ Defines the service delivery to your clients,
- ✓ Establishes how often you will have contact with your audience,
- ✓ Outlines the theory your program is based upon,
- ✓ Highlights who will conduct your intervention(s),
- ✓ Covers the duration & frequency of the program,
- ✓ Describes how the program is to be initiated,

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3. Program Narrative

- ✓ Includes your partners/collaborators,
- ✓ Describes how you will recruit your clients,
- ✓ Discusses the activities/tasks in your work plan,
- ✓ Describes the sequences in which your program will be delivered (this is your Timeline),
- ✓ Relates the program to your Mission Statement.

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3. Program Narrative

- Use action words:
  - ***Increase*** HIV knowledge.
  - ***Decrease*** unintended pregnancies
  - ***Increase*** referrals to HIV testing

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4. Mission Statement (Vision)

Your Mission Statement is the heart, goal and vision of your agency. It defines why & how you have chosen to operate as an organization.

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5. Organizational Summary (Capacity)

This includes **WHO** you serve = your Target Population, and

Your **HISTORY** of service to the community

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6. Program Description (Design)

- Partner(s) Background(s)
- Scope of Collaboration
- Time Frame
- Staff & Volunteers
- Budget
- Management of the Grant/Funding Request

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Work Plan

Tasks

and

Timelines

Hip Tip: These should mirror what you said in the goals and objectives section.

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7. Program Evaluation (Design)

Discusses/Frames the methodology that will be used to describe the program's successes and benefits to the community

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Before you start

- Why do you want to evaluate?
- Who needs to be involved?
- What information will the evaluation need to provide?
- What are key questions you'd like to answer?
- How will you change your program based on those answers?
- Are the things you want to evaluate – measurable?

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SMART Objectives

- **S** *pecific*
- **M** *easurable*
- **A** *chievable*
- **R** *ealistic*
- **T** *imed*

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Types of Evaluation

Process Evaluation – Who? How many? How?

- How many outreach contacts are being made each month?
- Do the churches where we teach HIV prevention classes think we are providing information in a way that's culturally relevant?

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Types of Evaluation

Outcome Evaluation – Describing what happened.

- Did more youth who went through our program understand their sexual choices than when we started?
- Did our program help to increase the number of sex workers who test for HIV?

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Evaluation methods

- Surveys or Questionnaires
  - Pre and post test, consumer satisfaction
- Focus Groups or Discussion Groups
- Program Logs
  - Collect demographic and other data
- Interviews
- Case Study

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Evaluation Hip Tips

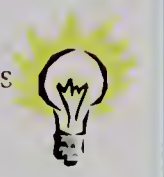
You need clear goals, objectives, activities.

Process – what, where, when, how many?

Outcome (Impact) – what change are you trying to measure and what are the key indicators of change?

Carefully design you evaluation and evaluation instruments

Pilot test your evaluation instruments.



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Evaluation Hip Tips

- If you need help with the analysis – GET IT.
- Be aware of your audience when you explain your results.
- You can't evaluate what you can't measure
- Evaluation needs to work with your program, not against it.

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Sample evaluation questions:

- Briefly describe your plan to evaluate the success of the project within your organization.
- What questions/topics will be addressed?
- Who will be involved in evaluating this work?
- How will the evaluation results be used?

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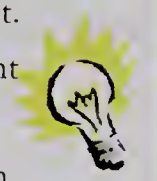
8. Budgetary Process (Capacity)

- Clearly explains all the costs associated with your project.
- Make sure that your figures equal your requested amount
- Doublecheck your math.
- Clearly & briefly justify all of your monetary requests in paragraph form.



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Common Budget Elements

- Salaries
- Payroll Taxes
- Benefits
- Fringe
- Consultant or Professional Fees
- Travel
- Equipment
- Supplies
- Copying
- Telephone/Fax
- Internet
- Postage
- Rent/Utilities
- Evaluation Costs
- Client Incentives
- Indirect rate

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9. Attachments (Capacity)

Include any and all requests that the funder has stipulated for any additional information related to your application.

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- Carefully look at all attachments:
  - MOU
  - Board List
  - IRS 501c(3) letter
  - Resumes
  - Job Descriptions
  - Audit or financials
- Ask for a sample grant.
- Final proposals should be easy to read.

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- ✓ How Agency Infrastructure plays a vital role in Resource Development
- ✓ What an RFP is all about
- ✓ Interactive Exercises

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Grant Writing
Part Three

SMART Objectives

S*pecific*
M*easurable*
A*chievable*
R*ealistic*
T*imed*

Specific – What is being measured?

Measurable – How is it being measured?

Achievable – How is this objective going to be reached?

Realistic – How will this objective be implemented?

Time-Phased – When will this objective be completed?

Developing Your GOAM

- *Goals*. A statement that indicates what your program is meant to produce
- *Objectives*. Tasks that must be completed to achieve your goal(s)
- *Activities*. The specific tasks taken to accomplish your objectives
- *Milestones*. Significant points that occur as you accomplish your goals

Tasks	Defined
Goals	
Objectives	
Activities	
Milestones	

Grant Writing
Part Three

Drafting an Evaluation Plan Outline

1) What questions/concerns does your New Project address?

2) What type of data will you need to collect?

3) How and Who will assist you in collecting your data?

4) What will you base your measurements of change upon?

5) How will you determine when your New Project is successful?

6) Who will help you evaluate your results?

7) What data will you need to collect to determine change?

8) How will you let others know about your success?

Methods of Data Collection

There are many different ways to collect information that is important to the evaluation process. These include:

- Literature Reviews
- Focus Groups
- Community Interviews
- Key Informant Interviews
- Demonstration Sessions
- Observers
- Post-session Assessments
- Pre- and Post-tests
- Informal Surveys
- Games
- Story Telling
- Case Studies and Role Plays
- Administrative Recordkeeping

Literature Reviews - A literature review involves researching what others in your field, or a similar field have discovered. What types of programs have been piloted in other areas and what were the outcomes. Through the experiences of others, a program planner can sidestep known pitfalls.

Focus Groups - Focus groups are another way to collect qualitative information. Focus groups are ideally made up of from eight to twelve people who have some characteristic in common with some interest in or connection to a project. They may be service providers, clients of a program, or members of a specific community. It is best to have a skilled facilitator run a focus group to ensure that the information is valid. Some steps to ensure the validity of the information are:

Confidentiality - Confidentiality of participants is assured. It is very important, especially in small communities that participants feel comfortable in speaking openly and honestly about the topic of interest. This may mean that only first names are used and participants sign a confidentiality agreement.

Recordings - If the session is to be taped for later transcription and analysis, it is critical to explain this process to participants and obtain their consents. Otherwise, a scribe should be available to take non-identifying notes. Ideally, a project should conduct multiple focus groups to best identify core issues, concerns, barriers, etc. A facilitator may feel confident with the findings when the conversations starts to become repetitive and s/he is hearing the same information from a variety of sources.

The meeting arrangements should demonstrate respect and appreciation for the assistance provided by participants. This includes providing refreshments, on-site childcare to parents (especially if the project has a maternal/child focus), transportation to and from the meeting location to those in need of this service

and stipends. These typically take the form of gift certificates. When developing the evaluation plans, include these expenses in the budget.

When reporting on focus group findings, it is important to include background information and why the group was convened, how members were selected for participation, and non-identifying, general demographics of participants, e.g. age, gender, ethnicity.

Community Interviews – Interviews can be guided or unguided discussions, or a series of open-ended questions. The purpose of interviews is to identify information that is pertinent to a particular community or area of concern that may not be generally known or understood. Interviews can also provide information about how a problem or program is being perceived or understood.

A guided discussion strives to maintain focus on a specific topic while unguided conversation can range over many topics. When interviewing several people about the same topic it is important to maintain consistency across interviews. This is best accomplished through a predetermined list of open-ended questions. This does not prohibit the person from probing for additional information that may be relevant to the project when the situation arises. Often, the information collected by probing on a response yields the key to underlying issues.

Key Informant Interviews - Key informant interviews are discussions with community leaders or gatekeepers. Community leaders may be those formally selected by the community, employees of a health department or community organization, or others in an official capacity. They can provide information on social policies and observed areas of needs and/or gaps in services.

Gatekeepers can provide information on special areas of interest, community norms and perceptions, and provide suggestions for how to best work within a community, especially if this is an unfamiliar community. Gatekeepers are frequently informal community leaders or elders within a community. One method of identifying informal community leaders is to ask several different people to whom they would go for advice or information; or who do they think knows the most about how the community thinks and feels. When the same name is repeated by different sources, it is likely this person is a community gatekeeper.

When reporting on interviews, it is important to include background information, an explanation of how participants were selected, the circumstances of the interviews, (in homes, public settings, etc.), how the interview was conducted and non-identifying, demographic information. The qualitative report should present and focus on recurring trends that emerged across interviews.

Demonstration Sessions - A demonstration session is a '"practice run" or a "pilot session" of an actual session you plan to conduct. It is the opportunity to test how HIV/STD-related presentations and seminars "go over" with participants who represent the desired target group before they are widely or repeatedly implemented. It is usually helpful to conduct a demonstration session of any

educational program, making everything about the demonstration as similar as possible to planned ongoing sessions. Select participants similar to your target audience; use the person who will actually facilitate or moderate the seminar or workshop; have ready the curriculum, agenda, and other materials you plan to use; make sure to hand out to the participants any surveys and/or forms you plan to use, such as pre- and post-tests and assessment forms; and conduct the session in the actual setting where the activity is to take place.

Observers - An observer is someone who is present at a presentation, seminar, or other educational activity involving community groups or individual clients for the purpose of recording comments, reactions, criticisms, or problems relevant to the activity. This person can provide useful insight into the quality of a presentation or intervention, in terms of its content, clarity, delivery, and appropriateness for the target group. Engage a participant-observer who is a member of the target group but is asked to pay particular attention to hoe the intervention is implemented, or a non-participant observer, who may be an expert on the topic but is not directly involved in the presentation or project. Observers can do process evaluation for ongoing education and prevention activities.

Surveys - Surveys can be written or oral, and can collect information in many types of formats such as open-ended questions, multiple choice, true/false, and scales. Self-administered surveys are completed by the person participating in the program intervention and are written. Oral surveys are administered by a trained interviewer in a one-on-one setting. For most HIV prevention work, surveys collect information on knowledge, attitudes, beliefs, and/or behaviors (KABB). Surveys are also used to assess client satisfaction. Surveys are often used before and after an intervention (pre- post-test) to measure any changes in KABB.

Surveys are the most quantifiable method of data collection for the typical, community based organization. The data is collected, entered into specially designed software programs and analyzed to identify among other things, statistically significant changes. The data may be collected in a number of ways, using all levels of staff, including volunteers. Data entry is very detail-oriented and needs to be handled by very conscientious individuals. The data analysis requires knowledge and expertise in statistics and is usually the task of the evaluator.

Types of Surveys

Post-session Assessments - Post-session assessments are usually one- to two-page survey forms that are handed out to participants at the end of a workshop or training seminar to assess the perceived quality and results of the intervention. The assessment seeks to determine whether participants learned certain information, rejected stereotypes or myths, or changed attitudes as the results of a specific intervention. Their responses

provide some indication as to the effectiveness of the intervention session. Where many of the participants have limited literacy, either all or a sample of participants (every third participant, perhaps) can be interviewed orally. Or the participants can be given numbered answer sheets so they can simply circle the appropriate number of a response to a series of close-ended questions asked by the presenter (e.g., response number one, two, or three to a particular question). Entirely oral assessments are possible if the group leader requests that participants raise hands to respond to certain questions and a sufficient number of observers are present to record responses.

Pre- and Post-tests - Pre- and post-tests are usually short surveys designed primarily to assess what participants have learned as a results of a workshop or other education/prevention intervention. Because information is obtained before as well as after the intervention, this approach generates more specific information about how the intervention affected knowledge and attitudes than is possible with a post-test alone. Through a series of targeted questions, a pre-test measures an individual's knowledge, attitudes, and /or behaviors about a given topic. The post-test, usually given immediately after the intervention has taken place, assesses whether an individual has gained new knowledge and perhaps changes both attitudes and/or beliefs. Pre- and post-tests enable project staff to determine whether the curriculum seems successful, and to identify types of information that should be covered more thoroughly in future sessions.

Information Surveys - An informal survey can be used to obtain information from prevention program participants and community residents, where formal knowledge, attitude, belief, and behavior (KABB) studies and follow-up surveys using probability samples and structured questionnaires are not feasible. Informal surveys can be used to obtain baseline data on a topic from a specific population group and to assess the effectiveness of an intervention. An informal survey is usually administered to a relatively small number of people—30 to 50. They are generally selected through "quota" sampling; that is, the population is divided into target groups (different security levels, ethnic groups, etc.), and a pre-determined number of respondents are chosen from each target group to ensure a representative sample of participants. Informal surveys can provide valuable information about whether interventions seem to be making a difference.

Games - Games or other creative techniques can be used to assess the effects of an intervention when participants in a training session or some other kind of education presentation lack basic literacy. Games are especially valuable because they require active involvement of the group, and may require participants not just to state but to apply new knowledge. This may encourage

behavior change. Games can be useful feedback tools even where literacy levels are high, since they provide an active, interactive, and often entertaining means for obtaining information about what was learned and how it is likely to be applied to real-life situations. In using games to evaluate the extent to which new knowledge, attitudes, or skills have been learned, be sure that the games are played in small groups or in a way that assures that most or all group members participate—so the learning of all can be assessed. Have a sufficient number of staff or other observers present to record the individual responses of the participants so that as little information as possible is missed. Be sure the situation—game, role-play, or case study—is carefully planned and explained to the group.

Story Telling – Story telling is a traditional way of learning in Native communities and can be woven into an evaluation activity. Stories containing traditional characters such as the Trickster can be developed around the notion of protection against disease. A story can be developed to have multiple scenarios, each an example of a protective or destructive behavior. Audience members can participate by choosing a scenario and be counted as part of an evaluation activity. Audience members can be asked to create their own story and this can be used in role play activities.

Case Studies and Role Play - Case studies and role-plays are other methods of obtaining active feedback. For example, if a session is designed to help men learn about athlete's foot and ways to reduce their risk, a closing role play might put the participants in pairs or other small groups and give them a case study and role play, with staff observing and recording whether new knowledge and skills are being applied. Another approach involves presenting statements that include myths about the subject, and asking small groups to respond to them. The statements can be read to each small group by a facilitator if literacy rates are low. The purpose is to see if information presented in the session was learned and is applied appropriately to real-life situations.

Administrative Record-keeping - A consistently used record-keeping system is an essential component of any evaluation system. Basic record-keeping forms should be maintained for all projects. The type of information requested, whether quantitative (numerical) or qualitative (narrative), depends on how the information is to be used (e.g., will the form be used to log the number of services provided monthly, or will it be used to learn about a specific program?)

Developing Your Timelines

Tasks and Activities	Persons (s) Responsible	Resources Needed	Beginning Dates	Ending Dates

Grant Writing
Part Four

Grant Writing
Part Three

Developing a Budget

	Cash Required	In-Kind Contributions	Total Budget
Revenue			
Government Funding			
Foundation Funding			
Corporate Funding			
Individual Contributions			
Donated Services			
Volunteer Services			
Other Funding Stream (Identify)			
Other Funding Stream (Identify)			
Expenses			
Salaries			
Payroll Taxes/Benefits			
Bookkeeping Services			
Consultants			
Evaluation Costs			
Total Personnel			
Equipment			
Incentives			
Office Rent			
Supplies			
Printing			
Utilities			
Telephone			
Copying Services			
Postage			
Travel			
Dues/Memberships			
Travel			
Internet			
Indirect Rate			
Total Non-Personnel			
Total Expenses			

Sample Interim Fiscal Policies and Procedures

The XXXXXXX Network, Inc. has adopted a system of checks and balances to check the reliability and accuracy of the organization's accounting information; maintain compliance with management and the grantors' policies; safeguard the organization's assets; and evaluate the efficacy of operations.

All accounting activities are systematically tracked and reported using a multi-tiered system of checks and balances. Financial reports are generated monthly for review by the Executive Director, Board of Directors and other requisite personnel.

The following are some of the controls being implemented and developed:

- At least two individuals or more handle all accounting transactions.
- Authorization by the Project Director of the different programs and the Executive Director is required on all purchase orders, pre and post travel requisitions and reimbursements, invoices, time sheets, and any other documents required through the accounting department for the effective functioning of the organization, with the exception of transactions for the Executive Director.
- In the case of transactions for the Executive Director, authorization by the Board of Directors and request by the Executive Director is required.
- Authorization by the Executive Director, Board of Directors, and any additional personnel is required for amounts over five thousand dollars ($5,000.00) for any products or services.
- All checks are pre-numbered and written sequentially.
- Paid and voided checks are sequentially recorded and filed.
- Voided checks are defaced and filed in the regular sequence of paid checks.
- Checking accounts require two authorized signatures to be valid.
- All cash receipts are opened and recorded by two designated personnel from administration, date stamped, recorded and endorsed "for deposit only" before forwarding to accounting department.
- Deposits are made daily. In the event of late receipt of cash or checks, deposit is prepared and locked in cash box for either night deposit or next day's deposit.

- Signatures are of the Executive Director and a designated Board Member for all day-to-day accounting functions, with the exception of checks made out to the Executive Director in which case the signatories are two Board Members.

- Signature cards are updated annually, or in the event of change in the organization requiring a signature addition or deletion, the signature card is updated immediately.

- Bank Reconciliation is done monthly by Board Member/s, Executive Director, accounting personnel, and/or other designated employee and fiscal monitor.

- Financial Reports and bank reconciliation are reviewed monthly by the board of directors, executive director and fiscal monitor.

- All financial records and reporting are current and maintained daily, monthly, quarterly, and annually.

- Returned and outstanding checks are investigated and vendors contacted by the accounting department within 30 days. Arrangements are made for replacement checks and/or stop payments.

- Lost or stolen checks must be reported immediately to Executive Director and Board of Directors to close account and open a new account.

- Time sheets are completed daily and in the case of employee/s working on more that one program the time sheets are cost out to appropriate programs reflecting time spent on each program.

- Time sheet is signed by employee and supervisor before submission to accounting department for payroll.

- Time sheet for the bookkeeper is signed by the bookkeeper and the executive director.

- Time sheet for the executive director is signed by the executive director and a board member.

- Payroll taxes are paid per pay period and kept current.

Accounting duties and costs are separated by programs for direct, indirect and/or organization overhead in compliance with the Office of Management and Budget A-122 and A-133.

Grant Writing
Part Four

Developing Your Cover Letter

- **Be focused and direct in your intent to provide services**
- **State support of the program from your board of directors & target audience**
- **Be brief**
- **Include a one sentence description of your program's purpose, audience, funding request, time frame & contact information**

1. Write an introduction here.

2. What kind of support is there for your New Project?

3. What do you hope to accomplish with your New Project?

4. Why are you writing this proposal?

5. Who will be responsible for this New Project?

Proposal Checklist

Place a check mark next to each step after it has been completed.

- Determine which project ideas have the best chance of being funded.
- Form a planning team that affect clients affected by the project, community leaders, key staff and volunteers, and other organizations with similar or complementary projects.
- Design a program or project plan
- Conduct thorough research to determine funding sources interested in the project
- Telephone the targeted funding source to request information helpful in preparing the proposal (annual report, grant guidelines, etc.)_
- Read all funding source materials to ensure the proposal follows the directions
- Prepare the proposal core components: the introduction, summary, and cover letter
- Determine those features in the project that may set it apart from other projects and will appeal to the funder
- Ensure those features are highlighted for the funder
- Ensure the proposal is clear and well written by having at least one person review it and provide feedback
- Include the appendixes requested by the funder
- Check funder deadlines and the number of proposal copies to be submitted in order to meet the requirements
- Give copies of the proposal to the planning team and other individuals or groups who should be aware of the project
- Telephone the funder within two weeks after mailing the proposal